

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

CEMETERY BOARD

INFORMATION FOR COMPLETING CEMETERY AUTHORITY (REGISTERED) APPLICATION

Any Cemetery Authority that operates a cemetery that has less than \$50,000 or more in trust fund accounts for a cemetery shall apply for registration. A Cemetery Authority that operates more than one cemetery shall submit a separate registration for each cemetery that has less than \$50,000 in trust fund accounts.

Exception: A Cemetery Authority of a cemetery organized, maintained, and operated by a town, village, city, church, synagogue, or mosque, religious, fraternal or benevolent society or incorporated college of a religious order is not required to be registered.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. Application for Cemetery Authority Registration (Form #2834)
2. \$10.00 Initial Credentialing Fee – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. Affidavit Relating to Alternative Care Fund Investments (Form #2143) (if applicable) – An officer, an elected trustee or a Certified Public Accountant acting on behalf of the Cemetery Authority shall file an affidavit with the Board which identifies the class and amount of each investment and certifies that each investment is in compliance with the criteria in Wis. Admin. Code § CB 5.04.

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APPLICATION CEMETERY AUTHORITY REGISTRATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).T

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Name of Cemetery Authority

Daytime Telephone Number

 - -

Mailing Address of Cemetery Authority (street, city, state, zip)

FEIN of Cemetery Authority

 -

Name of Cemetery (if different from name of Authority)

Address of Cemetery (if different from name of Authority)

Has the cemetery been licensed in Wisconsin as a Cemetery Authority?

☐ Yes ☐ No

If yes, list credential number:

Email Address

Name of Business Representative who is primarily responsible for Cemetery Authority's compliance with Wis. Stats § 157 (II) and Wis. Stats. § 440.91(1)(b).

Address of Business Representative (street, city, state, zip)

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- ☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- ☐ **Initial Credential Fee**
\$10.00 Total Fee Attached
- ☐ **Reinstatement Fee** (credential expired more than five (5) years)
\$10.00 Renewal Fee
~~\$25.00~~ Late Renewal Fee
\$35.00 Total Fee Attached

For Receiving Use Only (195)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? ☐ Yes ☐ No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? ☐ Yes ☐ No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Has the Cemetery Authority or any of its owners, officers or business representative ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the firm.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against the Cemetery Authority or any of its owners, officers or business representative, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against the Cemetery Authority or any of its owners, officers, or business representative in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the Cemetery Authority or any of its owner, officers or business representative ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or does the Cemetery Authority or any of its owner, officers or business representative have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any suits or claims ever been filed against the Cemetery Authority or any of its owners, officers, or business representative as a result of professional services? If yes, attach a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the Cemetery Authority or any of its owners, officers, or business representative registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the Cemetery Authority or any of its owners, officers or business representative ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

STATEMENT OF OWNERSHIP, OPERATION, OR OTHER FINANCIAL INTEREST IN A FUNERAL ESTABLISHMENT

1.	Does the Cemetery Authority have any ownership, operation, or other financial interest in a Funeral Establishment? If yes, attach a sheet providing details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do any employees of the Cemetery Authority have any ownership, operation, or other financial interest in a Funeral Establishment? If yes, attach a sheet providing details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do any agents of the Cemetery Authority have any ownership, operation, or other financial interest in a Funeral Establishment? If yes, attach a sheet providing details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

List Information for all Officers of the Cemetery Authority, including Directors and Trustees: (attach additional sheet(s) if necessary)

Name of Officer	Title
<input type="text"/>	<input type="text"/>
Address of Officer (street, city, state, zip)	
<input type="text"/>	

Name of Officer	Title
<input type="text"/>	<input type="text"/>
Address of Officer (street, city, state, zip)	
<input type="text"/>	

Name of Officer	Title
<input type="text"/>	<input type="text"/>
Address of Officer (street, city, state, zip)	
<input type="text"/>	

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature of Business Representative:

Date: / /